

02/12/02

02-15-02

A

PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

First Inventor

CRISTINE CASSANDRA CUNNINGHAM

Title

OWNER

Express Mail Label No.

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.
See 37 CFR 1.27
3. ☒ Specification [Total Pages **16**]
(preferred arrangement set forth below)
- Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets **1**]
5. Oath or Declaration [Total Pages **2**]
- a. ☒ Newly executed (original or copy)
Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 18 completed)
- b. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s)
named in the prior application, see 37 CFR
1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or
Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
- a. ☐ Computer Readable Form (CRF)
- b. Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
- c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement [Power of Attorney]
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 [Copies of IDS Citations]
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35
or its equivalent.
17. ☒ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No.

Prior application information

Examiner

Group Art Unit

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS☐ Customer Number or Bar Code Labelor ☒ Correspondence address below

Name

CRISTINE CASSANDRA CUNNINGHAM

Address

4710 CLAIREMONT MESA BLVD

City

SAN DIEGO

State

CA

Zip Code

92117

Country

USA

Telephone

858/273-3838

Fax


720/293-5543

Name (Print/Type)

CRISTINE CASSANDRA CUNNINGHAM

Registration No. (Attorney/Agent)

Signature



Date

Feb 12, 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)

Complete if Known

Application Number

Filing Date

First Named Inventor

Examiner Name

Group Art Unit

Attorney Docket No.

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☐ Deposit Account:Deposit
Account
Number
Deposit
Account
Name

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Credit any overpayments☐ Charge any additional fee(s) during the pendency of this application☐ Charge fee(s) indicated below except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	740	201	370	Utility filing fee	370
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims		Fee from below		Fee Paid
Total Claims	5	-20**	= 0	X	0	= 0
Independent Claims	5	- 3**	= 2	X	84	= 84
Multiple Dependent						

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(g)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid.

SUBTOTAL (3) (\$)

SUBMITTED BY

Name (Print/Type)

CRISTINE C. CUNNINGHAM

Registration No.
(Attorney/Agent)

Complete (if applicable)

Telephone

858 / 273-3838

Signature

Date

FEB 12, 2002

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

In the United States Patent and Trademark Office

Mailed 200 2, Feb. 12

Box Patent Application
Commissioner for Patents
Washington, District of Columbia 20231

Sir:

Please file the following enclosed patent application papers:

Applicant #1, Name: Cristine Cassandra Cunningham

Applicant #2, Name: _____

Title: Appointment Period Calendar and Reminder

☒ Specification, Claims, and Abstract: Nr. of Sheets 16

☒ Declaration: Date Signed: 2002, Feb. 12

☒ Drawing(s): Nr. of Sheets Enc.: Formal: 1 Informal: _____

☒ Small Entity Declaration of Inventor(s) by ☐ SED of Non-Inventor / Assignee / Licensee

☐ Assignment enclosed with cover sheet and recordal fee; please record and return.

☒ Payment by ☒ check ☐ credit card (form PTO-2038 attached) in the amount of \$ 454 for:

☒ \$ 370 for filing fee (not more than three independent claims and twenty total claims are presented).

☐ \$ 84 additional if Assignment is enclosed for recordal.

☐ Information Disclosure Statement, Form PTO-1449, and listed references.

☐ Disclosure Document Program reference letter.

☒ Pursuant to 35 U.S.C. §119(e)(1), applicant(s) claim priority of Provisional Patent Application Ser. Nr. 60-270312
filed Feb 20, 2001

☒ Return Receipt Postcard Addressed to Applicant #1.

☒ **Request Under MPEP § 707.07(j):** The undersigned, a pro se applicant, respectfully requests that if the Examiner finds patentable subject matter disclosed in this application, but feels that Applicant's present claims are not entirely suitable, the Examiner draft one or more allowable claims for applicant.

☐ **Request for Non-Publication:** The undersigned requests that this application not be published 18 months after filing under 35 USC 122(6)(1). The undersigned certifies that the invention disclosed in this application has not and will not be the subject of an application filed in another country or under a multilateral international agreement that requires publication of applications 18 months after filing. The undersigned understands that if this application is filed in a foreign country or under such a multilateral international agreement, the PTO must be notified of such filing or the application will be regarded as abandoned.

Very respectfully,

Applicant #1 Signature

Care of IDG 4710 Clairemont Mesa Blvd.

Address (Send Correspondence Here)

San Diego, CA 92117

Applicant #2 Signature

Address

Express Mail Label #

EU 088999638 US

; Date of Deposit 200 2, Feb. 12